

Routine Classification

Inmate Review

Form # 908

Name: Hopkins, Shane

Community/Minimum
-2 to 04Minimum
05 - 08Medium
09 - 16Maximum
17 or more

Risk Assessment Scale:

Override: Yes No If yes, briefly specify reason: NA

Mandatory Policy Override Removal Approved By Warden/Designee NA

	Present	ICB or MDT Recommendation	IBCC Recommendation/ Decision	CICB Recommendation/ Decision	IRCB Decision
Security	Med/HC				
Housing	23				
Job		Kitchen Appd			
Education					
Therapy					
Other					
Other					
Next Review Date		Month 07/04	Year 2004	Month /	Year /

MDT or ICB MEMBERS
PRESENT

H.R. Porter, Arnold

Vote: 20
Abstention:

MDT or ICB CHAIRPERSON

H.R. Porter

Date: 5/3/04

MDT or ICB COMMENTS

IBCC CHAIRPERSON

JG

Date: 5/11/04

Vote: 30
Abstention:

Override (include justification in comments)

Comments:

CICB CHAIRPERSON

Date:

Vote:
Abstention:

Override (include justification in comments)

Comments:

IRCB CHAIRPERSON:

Date:

Approved:
Disapproved:

Override (include justification in comments)

Comments:

D00335

FORM # 908

CLASSIFICATION DECISION PAGE

Name: Hopkins Shane

SBI#: 253918

Risk Assessment Scale:

Community/Minimum
-2 to 04Minimum
05 - 08Medium
09 - 16Maximum
17 or more

15

Override: Yes

No If yes, briefly specify reason: NA

	Present	ICB or MDT Recommendation	IBCC Recommendation/ Decision	CICB Recommendation/ Decision	IRCB Decision
Security	Med HC	cont. med HC	Approved		
Housing					
Job		Kitchen			
Education	On hot	G.E.D.			
Therapy	On PR, TFC	PR, MH, TFC			
Other	list	Stress			
Other					
Next Review Date		Month 07/04 Year	Month 07/04 Year	Month , Year	

MDT or ICB MEMBERS PRESENT	LT Ricky Porter, Cassee Arnold		Vote: 2-0
MDT or ICB CHAIRPERSON	LT R Porter.		Abstention:
MDT or ICB COMMENTS	Recommend continue medium/high security. Participate in PR, MH, TFC, and Stress. Recommend work in the kitchen.		
IBCC CHAIRPERSON	R. Arnold		Date: 07/08/03
Override (include justification in comments)	Comments:		Vote: 3-0
CICB CHAIRPERSON			Abstention:
Override (include justification in comments)	Comments:		Vote: 3-0
IRCB CHAIRPERSON			Approved: Disapproved:
Override (include justification in comments)	Comments:		D00336

DELAWARE DEPARTMENT OF CORRECTION
RECLASSIFICATION FORM (WOMEN AND MEN)

FORM # 955 (3 pt.)

OFFENDER NAME: Hopkins Shane SBI #: 253918 DOB: 01/05/73 DATE: 07/08/03
 LAST FIRST MIDDLE INITIAL

INSTITUTION: DCC Prior Classification Date: 07/18/2003

CURRENT SECURITY: Community/Minimum Minimum Medium Maximum

SENTENCE LENGTH: 16a X X EFF. DATE: 03/07/95 STRD: 07/29/09 PED: 1+ TIS: NON-TIS:
MD Sentence Concurrent

RISK REASSESSMENT

SEVERITY OF CURRENT OFFENSE FOR WHICH INCARCERATED Current Offense (include other State, if applicable) Burglary 2nd & 2

Low Severity	0
Moderate Severity	2
High Severity	4
Highest Severity	6

OTHER OFFENSES/BAIL STATUS

None or pending probation violation, outstanding misdemeanors, or bail below \$5,000 NJ-Gloucester County Detainer
 Active Federal, including Immigration and Naturalization Service and/or State warrant or charge(s) with bail of 5,000 to \$49,999 Violation Parole - PA Detainee
 Pending charges without bail (not a bailable offense, include Violation of Parole) or bail of \$50,000 or more 4

ESCAPE/FAILURE TO APPEAR (FTA) HISTORY

Escape History: none indicated

(Date and type/class)

None or one or more incidents of FTA (capias issued) or military AWOL	0
Walk-off from work release, furlough, Delaware Psychiatric Center, community and/or outside job assignment, courtrooms, police (city, state, military, etc.), Recovery Center <u>within the past 3 years</u>	2
Attempted escape from a secure correctional institution <u>within the past five years</u> or escape from a secure facility <u>ten + years ago</u>	3
Escape from a secure correctional institution <u>within the past ten years</u>	5

CURRENT AGE

Current Age: 29

Age 39+	0
Age 23 years or less	1
Age 28-38	2
Age 24 - 27	3

1/30/90 2nd

SEVERITY OF CRIMINAL HISTORY IN THE LAST 5 YEARS

Most Serious Prior Conviction (include Level I-IV, other States): Burglary 2nd Juvenile

No prior conviction	0
Low Severity conviction	0
Moderate Severity conviction	2
High Severity conviction	3
Highest Severity conviction	4

0

NUMBER OF CLASS I/MAJOR DISCIPLINARY FINDINGS OF GUILT (since initial or last regular reclassification)

None	0
1 Disciplinary Finding of Guilt	2
2 - 3 Disciplinary Findings of Guilt	3
4+ Disciplinary Findings of Guilt	5

Actual Number of Class I Disciplinary Findings: PDC - 9/8/022

INSTITUTIONAL MISCONDUCT HISTORY (Consider institutional reports during last 5 years.)

First incarceration or no prior Major/Class I Institutional Reports	0
Major/Class I - Non Predatory Institutional Misconduct Report \geq 37months	1
Major/Class I - Non Predatory Institutional Misconduct Report within last 36 months or Predatory/Assaultive \geq 37mths	3

05

Major/Class I - Predatory/Assaultive Institutional Misconduct Report w/in 13 - 36 months	5
Major/Class I - Predatory/Assaultive Institutional Misconduct Report within past 12 months	7

Most Serious Institutional Misconduct Report: Assault DTBDate of Most Serious Misconduct Report: 6/28/02

D00337

PERFORMANCE IN TREATMENT PROGRAMS/WORK ASSIGNMENTSProgram Status: On list

Completed all recommended program(s) AND is currently working 2

Completed some programs, is working and on waiting list for other recommended programs 1

Enrolled in recommended program or no treatment recommended and is working 0

Medically discharged/excused or successfully completed all recommended programs 0

On waiting list for recommended program and work, due to lack of availability 0

Dropped out or failed to complete or was dismissed from program and/or work prior to completion 2

Unsuccessful (refused work and/or program participation) 3

RISK REASSESSMENT SCORE: 15**RISK ASSESSMENT SCALE:**Community/Minimum
-02 to 04Minimum
05 - 08Medium
09 - 16Maximum
17 or more**Preliminary Security Level (Check scored security level)** Community/Minimum Minimum Medium Maximum**OVERRIDES:**

Any one of the conditions listed below may serve as basis for an override, resulting in higher or lower security than indicated by the preliminary score. (Check all that apply and comment as deemed appropriate.)

Protective Custody or Need for separation from General Population: _____

Documented membership in security threat group _____

Pending institutional reports under investigation _____

Notorious/high profile case _____

Mental Health: _____

Physical/Medical limitations that could affect housing placement _____

Court Order: _____

Time to Serve: _____

Other (specify): _____

Recommended Security Level (Check recommended security level.)Community/Minimum Minimum Medium MaximumCorrectional Worker: Cassie ArnoldDate: 07/08/03Comments: Recommend continue medium/high security**Final Security Level (Check appropriate security level)** Community/Minimum Minimum Medium Continue Medium - MPO Maximum

Classification Officer/Unit Supervisor (signature required for overrides; optional for other decisions)

Date

NOTE: Classification Officer/Unit supervisor may change recommendation of classification worker, but must provide written justification.

Comments: _____

Housing Assignment: _____

Next Classification Date: _____

(month and year)

*Program Assignment(s): _____

*Work Assignment: _____

*Changes: _____

Appendix E

DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

TO: Inmate Hopkins Shane, SBI# 253918, Housing Unit MHU
 VIA: Counselor Kramer
 FROM: I.B.C.C.
 DATE: 7-18-02
 RE: Classification Results

Your M.D.T. has recommended you for the following:

Cont MAX/MHU

Interstate Compact

The I.B.C.C.'s decision is to:

Approve _____
 Not Approve _____
 Defer _____
 Recommend _____
 Not Recommend Interstate Compact

BECAUSE:

____ Lack of program participation	____ Time remaining on sentence
____ Pending disciplinary action	____ Prior failure under supervision
____ Gradual phasing indicated	____ Poor institutional adjustment
____ Open charges	____ Serious nature of offense
____ Prior criminal history	
____ Failure to follow your treatment plan in that you _____	

____ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER:

Rev 7/03

ADDITIONAL COMMENTS:

____ Develop/continue treatment plan with counselor

You will be expected to address the following: _____

BUREAU OF PRISONS RECLASSIFICATION FORM #004I. Vital Indicators/Sentencing InformationInmate Name Hopkins, Shane AKA _____ SBI No 253918 Date of Birth 10/13/13Facility DOC Security/Custody Level m 14 Housing Area m 14Current Offense(s) Burglary 2nd (x 3)Level V Sentence: Year(s): 16 Month: 5 Day(s): 0 Truth in Sentence? Yes No Sentence Effective Date 3/1/95 STRD: 7/29/09 PE Date: _____ Parole Rehearing Date _____Mandatory Sentence: Year(s) _____ Month(s) _____ Day(s) _____ Level IV Sentence? Yes Length 1 year
No Halfway HouseDetainer(s)? Yes Agency Superior Court Open Charge(s)? Yes 4204K? Yes End Date of 4204K _____
No New Jersey Pa. No 4205L? Yes 4214B/Habitual Offender? Yes
No No II. Prior Criminal History

Escape History (List date, charge for which convicted, and location from which escape occurred):

12/10 North Huntingdon County PASex Offenses (List date, charges, and ages of victim(s) for all sex offenses):
12DNA sample obtained? Yes No (If no, contact Institutional Investigator)

List the most serious offenses in the past 10 years (not previously listed in Escape History or Sex Offenses).

CurrentDUI Information (Complete if inmate is serving a sentence for DUI)Has information been verified via Motor Vehicle Records? Yes No No. of DUI's _____Date(s) of offense(s): 1st _____ 2nd _____ 3rd _____ 4th _____

BO P FORM 004

III - Institution Disciplinary History (summarize last 6 months - include dates, offenses, dispositions)

2/16/02 PNDC, FTU 5 days LoAP

IV - Current Program Participation/Work Assignment (Justification for Request/Change or Recommendation must be recorded on page 3.)

MAX/SHU

V. Program Request/Change or Recommendation

MDT Recommendation:

Housing/Security Level Continue MAXNo More
Write 4

Employment _____

On/Off Grounds _____

Education _____

Treatment Program Continue MAX/In the General

Work Release _____

Program

Halfway House Worker _____

Supervised Custody _____

Other Recommendation: _____

Highway Work Project _____

Furlough _____

To Visit: Name _____

Relationship _____

Address _____

Purpose of Visit _____

Has inmate had prior participation in any program recommended? Yes _____ No _____

Number of prior approvals for any program recommended _____

Is exception to standards requested? Yes _____ No _____

(If yes, give reason for exception) _____

VI. Victim Notification Information

Offender's Release Address (if required) _____

Name of Victim(s) _____

Last Known Address of Victim _____

Signature of Counselor _____

Date _____

Signature of Counselor Supervisor _____

Date _____

MDT Review

MDT: Recommended _____

Not Recommended _____

Vote 20

Signature of MDT Chairperson _____

Date _____

IBCC Review

IBCC: Approved _____

Disapproved _____

Recommended _____

Not Recommended _____

Vote 3-0

Signature of IBCC Chairperson _____

Date _____

Comments _____

CICB Review

CICB: Approved _____ Disapproved _____ Recommended _____ Not Recommended _____ Vote _____

Signature of CICB Chairperson _____

Date _____

Comments _____

IRCB Review

IRCB: Approved _____ Disapproved _____ Vote _____

Signature of IRCB Chairperson _____

Date _____

Comments _____

Distribution After Final Committee Review

Copy to: Classification

Institution File (original)

Special Programs Office (as required)

INTERSTATE CORRECTION COMPACT TRANSFER REQUEST FORM

A. Name: Shane Hopkins SBI#: 253918 DOB: 10-05-75
 Charge(s): 8cts Burglary 2nd

Sentence: 11yrs 0m Effective Date: 3/7/95 STRD: 7/29/09 PE: N/A

Reason for Request: I am not and never have been a resident of the State of Delaware. My family lives in Pennsylvania and is willing to provide me with support in the form of a place to live and a job upon my release. I was on Protective Custody and even though I believe the physical danger has passed I don't know how I will be received in General Population.

B. Review and Recommendation (Note: MDT/IBCC for offender initiated requests on Iy)

MDT: Recommend Not Recommend

Comments: Need more time for offensive behavior. SHU behavior not very bad - need more time with no disciplinary infractions. Recommend wait til in medium security

Signature: Todd Frame Date: 6/20/09

IBCC: Recommend Not Recommend

Comments: _____

Signature: _____ Date: _____

Warden: Recommend Not Recommend

Comments: _____

Signature: _____ Date: _____

IRCB: Recommend Not Recommend

Comments: _____

Signature: _____ Date: _____

Bureau Chief: Approved Disapproved

Comments: _____

Signature: _____ Date: _____

TO: Hopkins, Shane SBI# 283918

FROM: Kramer, Counselor

DATE: 5/10/02

RE: QUALITY OF LIFE LEVEL REVIEW

This is to inform you that the Quality of Life Review Committee has reviewed your Quality of Life Level placement. The Committee has determined your level:

 Shall remain at Level

 Shall be downgraded based on the following reason(s):

 Failure to follow treatment plan

 Institutional behavior

 Criminal History

 Other/

✓ Shall be upgraded to Level 4 based on completion of your current treatment plan and your positive behavior.

Your new treatment plan is listed below. You are required to successfully complete this plan before any review for upgrade by the Quality of Life Committee.

TREATMENT PLAN

Anger Management

Values

Stress

Eucl for education

Three part form:

Original: Records

Pink: File

Yellow: Inmate

Inmate signature Shane Hopkins
Date _____

D00343

DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

Appendix E

TO: Inmate Hopkins Shane, SBI# 253918, Housing Unit SHU
 VIA: Counselor Arnold
 FROM: I.B.C.C.
 DATE: 4-4-02
 RE: Classification Results

Your M.D.T. has recommended you for the following:

Continue MAX/SHU'

The I.B.C.C.'s decision is to:

Approve _____
 Not Approve _____
 Defer _____
 Recommend _____
 Not Recommend _____

BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you _____	

<input type="checkbox"/> You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____	

OTHER: Rev 4/03

ADDITIONAL COMMENTS:

Develop/continue treatment plan with counselor

You will be expected to address the following:

Copy to: Classification
 Inmate
 Institution File

Form #456 (3 Part NCR)
 Revised 11/97

D00344